

HOOPA VALLEY TRIBAL COUNCIL LAND MANAGEMENT DIVISION

APPLICATION FOR GRAZING or AGRICULTURE ASSIGNMENT

Renewal _____ New Assignment _____

Type of Application Request: Grazing _____ Farming _____ Both _____

Length of Time: 1 Year _____ 2 Years _____ 3 Years _____ 4 Years _____ 5 years _____

DESCRIPTION:

Area Desired: Lot Number: _____ Field _____ Acres or

Tribal Tract Number: _____ Acres

Description: _____

LIVESTOCK:

Number of Livestock: _____ Kind of Livestock: _____

Brand and Location: _____

Do you have plans to increase your number of livestock?: Yes _____ No _____ If yes,

Number of Livestock: _____ Kind of Livestock: _____

Brand and Location:: _____

OWNERSHIP OF LIVESTOCK:

Do you plan to allow anyone else to graze or pasture their livestock on this Assignment?

Yes _____ No _____ If yes, name of other owner and number of livestock.

Name: _____ Number of Livestock _____

APPLICANT:

I agree to abide by the Tribal Land Ordinance of the Hoopa Valley Tribe as amended, and all tribal grazing regulations and, if a grazing permit is issued, to comply fully with its terms.

Signature of Applicant _____ Phone No: (530) 625- _____

Print Applicant Name _____ P.O. Box _____ Hoopa, CA 95546

Fill one application out for each land assignment request. The Land Management Department will contact you for any additional information.